

5/10

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>6764</i>	<i>5/12/00</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>5-12-00</i>
FORMALITY REVIEW	<i>PH</i>	<i>827</i>	<i>06-29-00</i>
RESPONSE FORMALITY REVIEW	<i>Dorey</i>	<i>54667</i>	<i>10-15-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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10	✓	✓	
11	✓	✓	
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Claim	Final	Original	Date
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100	✓	✓	

Claim	Final	Original	Date
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

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